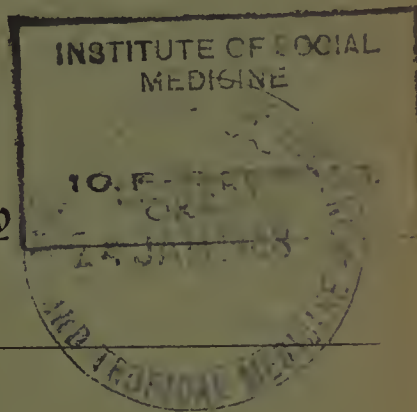


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City and County Borough of



Canterbury
1950



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
AND

SCHOOL MEDICAL OFFICER

Including the Report of the

SENIOR SANITARY INSPECTOR

and the Report of the

Medical Director of the Child Guidance Clinic
for the year

1950

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

INSTITUTE OF SOCIAL
MEDICINE

10. PARK ROAD,
OXFORD

City and County Borough of



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CITY OF CANTERBURY—1950

Mayor :

COUNCILLOR S. H. JENNINGS.

Chairman—Health Committee :

COUNCILLOR W. H. CHESSELL.

Chairman—Education Committee :

ALDERMAN F. HOOKER.

Chairman—Sanitary and Licensing Committee :

ALDERMAN A. BAYNTON, O.B.E.

Town Clerk and Welfare Officer :

J. BOYLE, LL.B.

Director of Education :

N. POLMEAR, M.A.

Medical Officer of Health and School Medical Officer :

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Medical Director, Child Guidance Clinic :

E. WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

Senior Sanitary Inspector :

T. L. MARTIN, A.R.S.I., M.S.I.A.

(Details of Committee Membership and other Staff are shown at the end of the Report.)

POOR PRIESTS' HOSPITAL,
CANTERBURY.
1951

To the Mayor, Aldermen and
Councillors of the City of Canterbury.

I have the honour to present my Annual Report covering the year 1950. It is usual to preface the report with a general comment on the reported affairs and current health affairs. As is now usual the book includes the report of the Senior Sanitary Inspector and the report of the School Medical Officer with, as a special section of it, the report of the Child Guidance Clinic.

I wish first to express my gratitude for the co-operation and enthusiasm of my staff, professional, administrative, clerical and manual, to that happy band of Voluntary workers at the clinics and to the members of Committees for their confidence and encouragement.

The population of the city shows a gradual increase and is now above twenty-seven thousand.

The Birth Rate (16.3 per 1,000 population) although falling is satisfactory in level relative to the national rate of 15.8. The Infant Mortality Rate has remained below the national figure. Here therefore you have a growing population including a right proportion of young growing families, a town where family life is a reality and where the provision of housing for young married couples and scope for the employment of youth in local industry are important matters.

The Death Rate is lower than that for the rest of the country, but with an increasing proportion of our population surviving to the over 65 age groups we must anticipate that this will be reflected in the death rates for future years as these old 'uns fade away.

During 1950 there was more discussion on the need for a local health centre in which the local health authority's services, the family doctor services and the school health services could be brought together under one roof.

Local opinions have veered away from this concentration of services in the one centre. Health Service planners tend to plan structurally to attain co-operation between the different sections of the national health services. This gives no thought to the spirit of co-operation or idea of unity that must exist between the sections before the structure can hope to achieve its object. We have some way to go in the knitting together of the family doctor service with the local health authority services before we can venture confidently on a major health centre project.

The public fails to appreciate the various national health services as parts of one whole service. The public reception of the services was a turmoil of criticism and praise with little

appreciation of the worth of the work that had been and was still being given by the members providing the services. In the turmoil the greatest danger was and is still the abuse of the services by a few. The man who calls out the family doctor at midnight for a trivial complaint without thought for the effect of this frivolous action on the doctor's services to the many other more deserving patients is dangerously selfish. The person who is out to get all he can out of the National Health Service, or who plays one service against another, or attempts to debunk the doctor's diagnosis or inhabits the doctor's waiting room like an observation post on the private lives of the community, is a menace to the service for us. There must be respect for the service and for the doctor if the patient is to obtain the best out of the service. Many who condemn children to such a description as juvenile delinquents are as delinquent in their destructive play with the health services.

Another subject of importance, especially to this city, is the cleanliness of food handling and preparation. The new Bye Laws which you have made are being applied tactfully but firmly by your Sanitary Inspectors Department and there is good supervision of the quality of food sold. A growing public interest is shown in this public health subject, but sometimes improved conditions of work may hinder other improvements. An instance of this is that refuse collection has to be done in the main shopping streets during the busiest shopping hours when food is exposed and shoppers crowd the pavements and traffic crowds the street, and when you may have food being delivered while refuse is being collected. This example of bad public hygiene results from improved working hours for refuse collectors. Night nurses will confirm that all work cannot be done during the day. Refuse should be removed in the early hours of the morning from shops.

Credit is due to your Senior Sanitary Inspector, and to yourselves in backing his action, for the improvements in the quality of ice cream sold in the city and the cleanliness of its handling. This commodity takes an important place in the lives nowadays, not only of the licking child or holiday maker, but of the harrassed housewife who finds it such a useful dessert to brighten the diet, and the increase in prepacking for sale is a good public health development.

With such a wide variety of statutory duties falling to the Medical Officer of Health of a health authority it may be forgotten that he still has to keep in touch with all matters affecting the public health and dangers that assail it, and that to do so he depends greatly on the roving observations of the Sanitary Inspectors. These officers must not be pushed into the background because they do not command large rate spending services. Their worth must be respected and their standing maintained.

Looking back through old papers I came across some information which should remind mothers that the vaccination of infants against smallpox is still an important matter. In 1865 only 86 years ago and within the lifetime of many old ladies still with us, Canterbury had an epidemic in which about eight hundred people developed smallpox. The Canterbury Dispensary alone dealt with 258 patients in a period of eight months and 17 people died of it in Northgate alone. Mr. Rigden, the secretary to the dispensary at that time, indicated the great benefit from vaccination in saving the lives of those infected and the high mortality amongst the unvaccinated. It will make the point if I remind mothers that as Medical Officer of Health I have quite frequently to keep under observation some person who has been in contact with smallpox abroad, and who is a possible case of smallpox in our midst.

I was asked recently what, in my opinion, was the most urgent need of this City, and at the time referred the questioner to the cleanliness of food handling and catering. There is however one need that might not be termed a public health need, but on which, nevertheless, the happiness, outlook and prosperity of this community depends, and which therefore will influence the public health. It is the need to rebuild the heart of your city, for the return of amenities, and of the rateable value which will make other amenities possible. Canterbury has shown its worth in its Festival Exhibition, in the Enduring Stones, in the development of the Marlowe Theatre, and in its ability to get houses built.

Your obedient servant,
MALCOLM S. HARVEY.

Social Circumstances.

The City awaits the rebuilding of the lost central area and the return of the rateable value which will make other progress possible. It is hoped that with recovery, light industries will come to the City and maintain the level of employment all the year round.

The Manager of the employment exchange has kindly supplied the following figures on unemployment during the year for the area in and around Canterbury. The rise shown on previous figures has fallen again since the beginning of 1951.

Mid 1950 ... Men 87 (62) Female 17 (17) 1949 figures
End of 1950 ... Men 164 (101) Female 94 (113) in parenthesis.

GENERAL AND VITAL STATISTICS FOR 1950.

General :

Area : 4,702 Acres.

Registrar General's estimate of civilian population, mid-1950 : 27,080.

No. of Inhabited Dwellings (end of financial year 31.3.1951 according to Rate Book) : 7,759.

Rateable Value : £242,719.

Sum represented by penny rate : £966 2s. 0d.

Vital :

	Male	Female	Total
BIRTHS—			
Live Births :—Legitimate	211	200	411
Illegitimate	18	13	31
Total Births	229	213	442
Stillbirths :—	4	5	9
DEATHS :—			
All Deaths	139	170	309
Deaths from Puerperal causes	—	—	Nil
Deaths of Infants under one year ...	3	2	5
(Legitimate 5, Illegitimate 0)			

The following rates are calculated from these figures and are compared with corresponding figures for elsewhere for 1950.

	Canterbury	Eng. & Wales	148 Towns (popn. 25,000 to 50,000 1931 census)
Live Births per 1,000			
Population	16.3	15.8	16.7
Stillbirths per 1,000			
Population	0.33	0.37	0.38
Deaths, all causes ...	11.4	11.6	12.3
Infant Mortality Rate (under 1 year per 1,000 Live Births)	11.3	29.8	29.4
NeoNatal Mortality Rate (under 1 month per 1,000 Live Births)...	6.7		

The following table shows the causes of death listed according to the Registrar General's Classification which now conforms to the International Classification.

TABLE 1.

No.	Causes of Death	1950	
		M.	F.
1	Tuberculosis of Respiratory System	4	3
3	Syphilitic Diseases	2	—
9	Other infective and parasitic diseases	2	—
10	Malignant Neoplasm, stomach	2	4
11	Malignant Neoplasm, lung and bronchus	1	—
12	Malignant Neoplasm, breast	—	7
13	Malignant Neoplasm, uterus	—	3
14	Other malignant and lymphatic neoplasms	19	13
15	Leukaemia and aleukaemia	—	1
16	Diabetes	4	2
17	Vascular lesions of nervous system	15	19
18	Coronary Disease, Angina	22	17
19	Hypertension with heart disease	7	6
20	Other Heart Diseases... .. .	20	45
21	Other Circulatory Diseases	8	10
22	Influenza	1	3
23	Pneumonia	1	6
24	Bronchitis	12	5
25	Other diseases of respiratory system	2	2
26	Ulcer of stomach and duodenum	1	—
27	Gastritis, enteritis and diarrhoea	—	1
28	Nephritis and Nephrosis	3	2
31	Congenital Malformations	3	1
32	Other defined and ill defined diseases	5	14
33	Motor Vehicle accidents	1	—
34	All other accidents	1	6
35	Suicide	3	—
TOTAL		139	170

The causes of Infantile Deaths are specially listed on page 10.

In an ageing population certain causes of death appear to have special importance. Groups 17 to 21 inclusive include the terminal causes of death. Two-thirds of the female deaths in these groups occurred over the age of 75. Half the male deaths in the groups occurred over the age of 75.

Groups 18 and 19 represent the causes associated with tension. While deaths are equal for the sexes in ages 45-65, the incidence is four times higher in males than in females in ages 65-75, and twice as high in females as in males in ages over 75, with a total of all ages of 29 males 23 females. Clearly the females can stand up to or avoid tension much better than the males, and generally are more long lasting. In our ageing population we must therefore expect many more old women than old men, and this will come to be felt in the need for old people's accommodation for women.

Incidence and Control of Infectious Disease.

TABLE II.

	Total Cases Notified	Children Under 5 years	Children 5-15 years	Adults
Scarlet Fever	30	11	19	—
Erysipelas	—	—	—	—
Whooping Cough	132	75	52	5
Measles	46	21	23	2
Pneumonia	7	1	2	4
Dysentery	14	2	—	12
Acute Poliomyelitis ...	6	3	3	—
Ophthalmia Neonatorum ...	1	1	—	—
Puerperal Pyrexia	14	—	—	14
Food Poisoning	3	—	—	3

Table II shows the cases of infectious diseases notified. The number of cases of Scarlet Fever showed a marked fall in and around Canterbury. *Whooping Cough* was widespread and the doubling of the number of cases notified compared to 1949 was only a relative indication of the actual number of cases which occurred. Some judicious "questions in the house" at Council gave the opportunity for local publicity on the need to take Whooping Cough seriously and the town was fortunate to get through without any infant deaths from the disease. The surrounding rural district which was also involved in the prevalence was unfortunately not so lucky, and there is no justification for complacency about this scourge of young children.

A small outbreak of *Sonne Dysentery* occurred in patients and staff of a local hospital.

Three cases of *Food Poisoning* occurred in persons from outside the city who were thought to have eaten some dish in Canterbury, while having a meal in passing, which had been contaminated in its preparation and in which toxin had formed. A full investigation was carried out and although the contaminating staphylococci were isolated from the patients it could not be found in the suspect foods and evidence of local responsibility remained circumstantial.

There were more cases of *Acute Poliomyelitis* during the summer and autumn than for some time. This disease is the subject of constant research and the health department co-operates with the Medical Research Council in this by providing information on local cases.

An unusual outbreak of illness which was of considerable clinical and epidemiological interest occurred amongst the students of the College of Art. Some 27 cases of *Q Fever* due to infection with *rickettsia burnetti* were identified. The cause of the outbreak is still the subject of study and it is hoped to publish the conclusions, as the matter is of some medical interest. Aspects of the outbreak which warrant special mention in an annual report are these. *Q Fever* is not a notifiable disease unless it causes acute pneumonia, which in some cases it may do. Nevertheless the Medical Officer of Health has an interest to study and attempt to control any outbreak of illness.

In this case it was the observation and prescience of the head of the School of Architecture who recognised common factors in the illness of a few students which brought the outbreak to my notice. Thus it is not necessarily from medical sources that valuable information comes to the Medical Officer of Health.

The pathological department of the Kent and Canterbury Hospital joined forces at once with the Medical Officer of Health in the investigation of the illness and had the backing of the Public Health Laboratory Service of the Medical Research Council. The family doctors and the medical officers of health of other authorities in Kent helped willingly in the work, and the whole investigation was an exercise which disproved decadence in the public health and medical services.

Tuberculosis.

TABLE III.

Site/Sex	Number of Notifications											
	1944		1945		1946		1947		1948		1949	
	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	13	15	18	9	14	9	13	7	9	7	16	9
Glands	2	—	—	3	2	1	1	—	—	—	1	—
Bones, Joints, etc.	—	—	—	1	0	1	3	—	3	1	4	2

Table III shows the notifications of Tuberculosis during 1950 and the previous six years.

The seven deaths from pulmonary tuberculosis all occurred in the age groups 15 to 45, 4 being male and 3 female.

The Care Committee on the advice of the Chest Physician, helps in the after-care of tuberculosis patients.

Hospital Accommodation for Infectious Diseases.

Cases requiring admission to hospital are sent to Haine Infectious Diseases Hospital. Scarlet Fever cases are not now sent to hospital unless there are inadequate facilities for home isolation and nursing, or unless some other indication applies such as severity of illness, or a household connection with food handling.

Cases of tuberculosis go to hospitals or sanatoria outside Canterbury.

Laboratory Services.

1. For Pathological Work—Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream and Water)—Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations—Canterbury Public Analyst.

It is learned with satisfaction that there is a plan to build a public health laboratory at Canterbury which will be able to deal with the bacteriological work of public health supervision of food, water, etc.

Nursing Homes.

One single bed maternity home closed down during the year and the city has only one nursing home now which provides for maternity and medical cases.

LOCAL HEALTH SERVICES.

Health Centres.

One meeting of the Health Centres Sub-Committee clarified present views on the local needs.

Care of Mothers and Young Children.

No new welfare centres or clinics were opened during the year. All existing services continued.

Ante-Natal Care.

Ante-Natal clinics are held in the Central Welfare Clinic at Stour Street and in the Welfare Hut, Military Road, the latter for expectant mothers in the barrack family quarters who are to be delivered in Shorncliffe Military Families Hospital.

Complicated cases are referred to the specialists at the Kent and Canterbury Hospital. Where an obstetric medical practitioner has been booked the expectant mother is referred to that doctor instead of to the specialist.

The relationship between the General Practitioner Obstetrician's Ante-Natal care and the Ante-Natal care at the local authority clinic is not as clear as one would like. The cases booked for delivery at hospital because of home conditions are now receiving ante-natal care at the hospital to provide the experience for the midwife trainees. There is still a group of cases who depend on the local authority clinic for their medical ante-natal care, i.e., those who book a midwife only. There is still need for the local authority clinic not only for this limited group of expectant mothers but to provide advice and instruction not otherwise available.

Post-Natal Care.

The majority of those who have attended the ante-natal clinics have the post natal examination from the obstetric medical practitioners or at the hospital if confined there.

The following figures for Ante- and Post-Natal work are presented :—

Ante-Natal Sessions held at Central Clinic and Northgate Clinic	...	...	...	...	...	...	112
Mothers in attendance on 1.1.1950	...	...	...	...	...	...	108
First attendances during 1950	...	...	...	...	...	...	231
Mothers still in attendance at end of 1950	...	...	...	...	...	...	48
Total attendances	...	...	...	...	...	...	1,130
Blood Examinations carried out	...	...	...	...	...	...	170
Cases referred to Dental Officer	...	...	...	...	...	...	32
No. of Mothers who attended Post-Natal Examinations	...	...	...	...	...	...	36

Breast Feeding.

Breast feeding and test feeding sessions are held in the Central Clinic at the Health Department in the forenoons at 9.45 a.m. to assist mothers to maintain or establish natural baby feeding.

No. of Mothers attending for first test feed	...	...	...	...	104
No. of subsequent attendances	...	...	...	...	37

Premature Babies.

The numbers shown below are high because of the maternity unit in the Kent and Canterbury Hospital which serves a wider area.

The Hospital can provide an oxygen cot for the transport of a premature baby by the Ambulance Service. Suitable cots, bedding and clothing are available on loan from the Health Department for home care.

Total No. of births notified or recorded as premature during 1950	...	...	...	...	...	87
No. delivered at home	...	...	...	...	...	11
No. delivered in Hospital	...	...	...	...	...	75
No. delivered in nursing homes	...	...	...	...	...	1
No. of hospital cases resident in Canterbury	...	...	...	...	...	18

Infant Deaths.

Five infant deaths occurred from the causes shown on Table IV. At least one death was caused by a preventable condition.

TABLE IV.

Causes of Infant Deaths	Under 24 hours	24 hours to 1 month	1—12 months	Total
Prematurity		1		1
Congenital Defects		1	1	2
Cerebral Haemorrhage	1			1
Infectious Conditions			1	1
TOTALS	1	2	2	5

Unmarried Mothers.

Four unmarried mothers were admitted to hostels for pre- and post-natal care through the agencies of the Health Committee.

Infant and Toddler Welfare.

Clinic Sessions to cover the needs of the town are now held as follows:—

(a) Infant and Toddler Welfare :

Central Clinic : Poor Priests' Hospital, Stour Street.
Monday, Thursday & Friday—2.30 p.m.
(Medical Officer attends on Thursdays)

Wincheap : Wincheap Infants School, Hollow Lane.
Monday—2.0 p.m. (Medical Officer attends first and third Monday).

Northgate : Welfare Hut, Military Road, adjoining the Garrison Theatre.
Friday—2 p.m. (Medical Officer attends)

(b) Ante-Natal Clinic (including Post-Natal Care) :

Central Clinic : Poor Priests' Hospital, Stour Street.
Wednesday : 10—12 a.m. ; 2—4 p.m.

Northgate : Welfare Hut, Military Road.
Mondays : 2 p.m. (Military Families).

(c) Protection Clinic : Central Clinic, Poor Priests' Hospital, Stour Street. (Diphtheria Immunisation, Smallpox Vaccination, and on Request Whooping Cough Inoculations).

Tuesday : 2.15 p.m.

(d) Breast Feeding : 9.45 a.m. Central Clinic.

Table V shows the numbers attending the Infant/Child Welfare clinics :

TABLE V.

Infant/Child Welfare Centre		Central Clinic	Wincheap Clinic	Northgate Clinic	TOTAL
Children on Clinic Register 31.12 49	Under 1 1-5 yrs.	187 304	56 125	— —	243 429
First attendance during 1950	Under 1 1-5 yrs.	248 127	38 22	140 129	426 278
Total No. of Children remaining on Register on 31.12.50	Under 1 1-5 yrs.	78 65	27 40	66 53	171 158
Total No. of Attendances made by children during 1950 ...	Under 1 1-5 yrs.	3,473 889	675 563	1,336 969	5,484 2,421
Doctors' Consultations	Under 1 1-5 yrs.	200 196	94 74	136 103	430 373

Dental Care.

Priority Dental care is available from the School Dental Officer by an arrangement with the Education Committee. Not enough advantage is taken of this service by expectant and nursing mothers, but there is an improved response to the advice to have the pre-school child's teeth kept in order. The information required by the Ministry of Health follows.

The Dental Officer reports :—

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	30	26	13	13
Children under Five ..	33	27	17	17

(b) Forms of dental treatment provided:

	Extrac- tions	Anæsthetics		Fill- ings	Scalings or Scaling and Gum Treat- ment	Silver Nitrate Treat- ment	Dress- ings	Radio- graphs	Dentures Provided	
		Local	General						Com- plete	Par- ti.
Expectant and Nursing Mothers	13	10	1	6	3	—	—	—	—	—
Children Under Five	34	—	23	1	—	—	—	—	—	—

Midwifery Service.

The number of Midwives notifying their intention to practice were as follows:—

Local Health Authority—4 (all trained in Gas and Air Analgesia).

Private (including Nursing Homes)—4 (including 3 Maternity Nurses, 1 trained in Gas and Air Analgesia).

Kent and Canterbury Hospital—11 (11 trained in Gas and Air Analgesia).

The provision of four domiciliary midwives is at present sufficient to cover the needs of the City. One of the midwives is approved by the Central Midwives Board to receive a pupil midwife on district from the Part II Midwifery training school at the Kent and Canterbury Hospital.

Confinements taking place within Canterbury during 1950 were:—

Confined at Home—Private	...	...	...	...	3
L.H.A. Midwife	...	...	...	...	168
L.H.A. Midwife with Doctor	...	...	...	...	60

Total ... 231

Confinements elsewhere—Nursing Home	...	...	...	66
K. & C. Hospital	...	...	...	483

549

Total Births in Canterbury	...	...	...	780
Canterbury Births to Canterbury Mothers	...	...	...	412
L.H.A. Midwives Cases	...	...	...	228
Medical Aid Sought	...	...	...	37
Gas and Air Administered	...	...	...	172
Cases of Puerperal Pyrexia	...	...	...	5
Cases of Ophthalmia Neonatorum	...	...	...	1

No cases of puerperal pyrexia occurred in domiciliary practice.

Health Visiting.

There are three Health Visitors and one shared tuberculosis Health Visitor. The following figures are indicative of their work for the welfare of mothers, children and old people, and in the prevention of the spread of infectious disease.

Visits to Infants and Children :—

Under 1 year	...	...	First Visits	420
			Other Visits	1,653
1—5 years	...	...	Total Visits	2,073

Visits to Expectant Mothers :—

First Visits	125
Other Visits	68

TOTAL	...	5,219
-------	-----	-------

Visits by T.B. Health Visitor :—

No. of Home Visits	...	...	...	...	420
--------------------	-----	-----	-----	-----	-----

No. of Chest Dispensary Sessions :

A.P. Clinics	52
Other Clinics	52

Special Reports to Care Committee	...	...	26
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Child Life Protection.

The Senior Health Visitor made 46 Child Life Protection visits on behalf of the Children's Department during 1950.

Visits to Old Persons. The Health Visitors made 42 such visits during 1950.

Infectious Disease Visits amounted to 129.

Home Nursing.

The Canterbury District Nursing Association provide the Home Nursing Service as agents of the City Council.

A third District Nurse was provided during 1950 and a fourth will be needed to meet the growing demand on this service.

			1950	1949
New Cases seen—Medical	...	...	346	356
Surgical	...	...	125	98
Tuberculosis	...	...	3	
			474	454
Visits paid—Total			11,682	8,688

Vaccination and Immunisation.

While the percentage of infants vaccinated was maintained, diphtheria immunisation progress was hindered by the scare of a connection between polio and diphtheria immunisation. Now that this matter is seen in its true relationship the precautions taken are recognised as having been unnecessarily safe.

TABLE VI.

			Under 1	1—4	to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	109	23	9	6	147
		Family Dr.	210	10	19	11	250
	Total		319	33	28	17	397
	Revaccination	Clinic	—	1	4	27	32
Family Dr.		—	3	3	30	36	
Total		—	4	7	57	68	
Diphtheria Immunisation	Primary Immunisation	Clinic	95	105	32	2	234
		Family Dr.	36	45	91	48	220
	Total		130	150	123	50	454
	Booster Dose	Clinic	—	2	250	—	252
Family Dr.		—	—	5	—	5	
Total		—	2	255	—	257	
Whooping Cough	No. of Cases Inoculated		70	119	9	—	198
	No. of Cases of Whooping Cough Notified		12	46	69	5	132
	No. known to have had Inoculations		—	2	1	—	3
			0 — 4	5 — 14	0 — 14		
Child Population Mid-1950			2350	3960	6310		
Canterbury Births — 1949			—	—	458		
Canterbury Births — 1950			—	—	142		

Ambulance Service.

The joint ambulance service arrangements are unchanged from those reported for 1949.

The figures for 1950 are :—

Ambulance Work : Combined Area—Mileage ... 114,387
 Patients Carried 15,712
 Hospital Car Service : Canterbury—Mileage ... 11,200½
 only.—Patients Carried 101

Because of Canterbury's position as a local hospital and specialist centre the cost of many long journey done by the Hospital Car Service had to be met by the City, especially cases of Hospital discharge. The 1949 National Health Service Amendment Act has corrected this anomaly.

There are included in the report numerical tables showing the Totals and Types of patients carried by the Ambulance Service for each month of the year, Table VII, and the total mileage and patients carried for Canterbury by the Hospital Car Service, Table VIII.

These tables show that out-patient transport features very large in the work of the Ambulance Service, but that some reduction has occurred since October, 1949, when a stricter application of standards for the need for transport was applied. Accidents, admissions and transfers remain fairly constant.

TABLE VII.

Showing Totals and Types of Patients carried by the Ambulance Service.

	Jan.	Feb.	Mar	Apl	May	June	Jly.	Aug	Sep.	Oct.	Nv.	Dec.	Total
Total Patients Carried	1016	1066	1200	1230	1395	1495	1326	1309	1362	1484	1573	1292	15712
Outpatients Only	713	780	903	914	1055	1096	931	946	946	1120	1125	970	11599
Admissions, Transfers and Accidents, etc.	303	286	297	316	340	363	395	363	416	364	448	322	4113

TABLE VIII.

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar	Apl.	May	June	Jly.	Aug	Sep.	Oct.	Nv.	Dec.	Total
Patients Carried	11	6	6	7	15	9	5	5	7	6	10	14	101
Mileage	646	438	517½	661	1593	742	640	622	1191	927	1279	1944	11200½

Prevention of Illness, Care and After Care.

The Care Committee had three meetings in 1950. Assistance and advice was given to 25 cases and 66 cases were provided with ancillary nourishment.

There is direct liaison between the Admissions Officer or the Hospital Almoner and the Health Visitors on chronic sick patients awaiting admission or discharge.

The Voluntary Organisations which work in the City on Care and After Care include the Alford Aid Society, St. John Ambulance Brigade, British Red Cross Society, of which the first is predominant in the field of After Care. The Council makes a grant towards the cost of its after-care services.

Domestic Help Service.

The detail of the work done by this service shows that chronic illness or infirmity is a cause for need of the service as often as home confinement.

TABLE IX.

CASES DEALT WITH :-	Full-time	Part-time
Maternity	64	4
Acute Illness	4	24
Chronic Illness or Infirmity	—	66
Presence of Young Children	3	4
Tuberculosis	3	5
TOTALS ...	74	103

Hours worked : Full-time ... 25,242 $\frac{3}{4}$ hours
 Part-time ... 3,109 $\frac{3}{4}$ hours

Cost Incurred ... £3,611 } These figures cover the
 Cost Recovered ... £429 } Financial Year 1st April,
 1950 to 31st Mar., 1951

Mental Health Service.

The Mental Health Services Sub-Committee of the Health Committee deals with this service.

Two part-time Duly Authorised Officers carry out the usual duties, one being also Petitioning Officer.

There is an arrangement with Kent County Council for the part-time service of their local Mental Health Visitor.

After-care of Mental Illness is carried out by the Psychiatric Social Worker of St. Augustine's Hospital, and the Health Department helps where it can.

Further efforts to find better premises for the Occupation Centre proved unsuccessful.

The Occupation Centre teaches handwork and develops social training. Behaviour is found to improve with the fuller life that the centre provides for the young person. Handwork includes rug making, raffia work, sewing, and stool making.

The following cases were in attendance at December, 1950 :

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	5	1	3	1	10
Kent County Council	4	5	2	1	12
Total ..	9	6	5	2	22

Action on Cases.

(A) Lunacy and Mental Treatment Acts.

During the year Duly Authorised Officers investigated 27 cases of mental illness.

23 cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 1 case was admitted on an "Urgency Order" under Section 11 of the same Act. 17 other patients were admitted as Voluntary patients, two as Temporary patients and one without formal action. Of the two remaining cases investigated by the Duly Authorised Officers one was eventually certified and admitted to St. Augustine's Hospital and the other admitted as a Voluntary patient.

(B) Mental Deficiency Acts.

A

Cases under Guardianship (under order)	2
Cases under Statutory Supervision (excluding cases on licence)	16
Cases under Friendly Supervision	11
Cases awaiting admission to institutions	3

B

Cases in attendance at the Occupation Centre (Canterbury only)	9
--	---

C

Cases admitted to institutions during the year ..	4
Cases reported by the Local Education Authority (Section 57, Education Act, 1944)	6
Total cases ascertained during the year as "subject to be dealt with"	7
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later ..	—

D

Cases "subject to be dealt with" placed under Statutory Supervision	3
Cases not "subject to be dealt with" placed under Friendly Supervision	—
Cases removed from supervision	5
Deaths of Mental Defectives under supervision ..	—

(C) Ambulance Journeys.

Conveyance of cases to hospital and use by Duly Authorised Officers	28
---	----

Health Education.

This is done by word of mouth through the Health Visitors and by talks to groups. Posters and pamphlets are also used. The Central Council for Health Education provided a display stand on free loan with displays renewed six times in the year.

The Royal Sanitary Institute held a sessional meeting at Canterbury in November when a good gathering of professional and lay members and associates and of representatives of local authorities met in the Board Room of the Kent and Canterbury Hospital to hear papers on Q Fever and Psittacosis under the Chairmanship of Dr. Greenwood Wilson, Medical Officer of Health, Cardiff C.B., and the Chairman of the Council of the R.S.I.

Section 47. National Assistance Act, 1948.

One order was obtained for removal to hospital of an elderly infirm person in need of care and treatment.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1950.

Public Health Department,
Stour Street,
Canterbury.

*To His Worship the Mayor, Aldermen and Councillors of the
City and County Borough of Canterbury.*

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1950.

It is gratifying to note that there has been an improvement in the hygiene of food establishments during the past year, partly due to press campaigns for cleanliness in the catering trades, but mainly I believe, to the constant inspection and advice given by the sanitary inspectors. This awareness is also reflected in the number of people who draw attention to food of doubtful quality and to unhygienic features they have observed.

With the rising incidence of food poisoning outbreaks and the number of illnesses which may be attributed to unsound food although not officially notified as food poisoning, the importance of the work of the sanitary inspector in the field of food hygiene cannot be too strongly emphasised.

In administering the Clean Food Byelaws the sanitary inspector has to strike a balance between the shopkeeper who is loath to spend money and fanatically minded customer who expects Utopian conditions. Unfortunately such terms as "reasonably necessary" which occur frequently in legislation concerning food hygiene are open to various interpretations as it is left to the local authority to interpret the law to enforce regulations. It is submitted that the issue by the appropriate government department of basic principles to be observed in retail butchers shops, cake shops and fish shops would remove much of the uncertainty which is in the minds of inspectors to-day.

It is very pleasing to see the new housing sites taking shape, particularly those where some of the natural features have been preserved. The sanitary inspector by reason of his frequent contact with the families living in sub-standard houses is aware of an increasing sense of frustration in these families probably due to seeing friends in new houses and the reluctance of landlords to spend money on repairs. It is to the credit of housewives, that there is no serious evidence of their adopting the attitude of "couldn't care less" with the consequent lack of cleanliness, but how long the present attitude can be maintained only time can tell. The reluctance of landlords to put properties into a sound state of repair is undoubtedly due to the increasingly high

cost of repairs and the fact that rents cannot be legally increased. It is not for me to suggest the answer to this problem, which of course is not confined to Canterbury, but I do feel that the government should be asked to consider this matter and try to provide a satisfactory solution.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and the sympathetic consideration they have given to the suggestions put before them and my thanks are due to the Medical Officer of Health, my colleagues Mr. A. R. Clark and Mr. R. G. Goodbody and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Senior Sanitary Inspector.

No. of complaints received and investigated	...	...	776
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Inspections.

Regarding defects in property	...	...	...	...	2,147
Food shops	...	...	...	...	351
Bakehouses	...	...	...	...	66
Dairies	...	...	...	...	150
Restaurants	...	...	...	...	156
Ice Cream Premises	...	...	...	...	164
Fish Fryers	...	...	...	...	35
Licensed Premises	...	...	...	...	36
Infectious diseases	...	...	...	...	27
Keeping of animals	...	...	...	...	15
Sampling under Food and Drugs Act	...	...	...	...	286
Food examined and surrendered	...	...	...	...	209
Marine stores, etc.	...	...	...	...	2
Premises with reference to rat infestation	...	...	...	...	430
Slaughterhouses	...	...	...	...	28
Shops Act	...	...	...	...	7
Factories and Workshops	...	...	...	...	130
Smoke observation	...	...	...	...	11
Council House inspection	...	...	...	...	359
Verminous rooms	...	...	...	...	73
Fertilisers and Feeding Stuffs	...	...	...	...	14
Visits to drainage systems	...	...	...	...	708
Drains tested	...	...	...	...	241
Premises, as to provision of refuse receptacles	...	...	...	...	1,450
Accumulation of rubbish	...	...	...	...	12
Miscellaneous	...	...	...	...	393

Total	...	...	8,276
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Improvements.

Eaves, gutters and fall pipes repaired or renewed	...	105
Roofs repaired		158
Fireplaces repaired or renewed	... ..	13
Stoves repaired or renewed	... ..	31
Water supply pipes repaired or renewed	... ..	12
Rooms cleansed and/or disinfected	... ..	117
Sash cords renewed	... ..	116
Window frames repaired	... ..	119
Wall and ceiling plaster repaired	... ..	159
Rooms re-decorated	... ..	55
Dampness in walls remedied	... ..	99
Brickwork pointing renewed	... ..	4
Yard paving renewed	... ..	18
Wash coppers repaired or renewed	... ..	16
Doors repaired	... ..	56
Floors repaired	... ..	73
Staircases repaired	... ..	6
Sub-floor ventilation provided	... ..	6
Houses at which drains were repaired	... ..	117
Houses at which drains were renewed entirely	... ..	17
Choked drains cleared	... ..	31
Intercepting traps fixed	... ..	3
Gully traps fixed	... ..	41
Inspection chambers, built, new cover provided and rendered	...	29
Fresh air inlet valves fixed	... ..	1
Soil and vent pipes fixed or repaired	... ..	15
W.C. pans fixed	... ..	68
Additional W.C's built	... ..	15
W.C's repaired or rebuilt	... ..	15
W.C. compartments ventilated	... ..	9
New flushing cisterns provided	... ..	28
Flushing cisterns repaired	... ..	16
Sinks renewed	... ..	17
Sink waste pipes renewed or trapped	... ..	39
Accumulations removed	... ..	5
Sanitary bins provided	... ..	919
Improvements in food premises	... ..	25
Chimney stacks repaired	... ..	28
External rendering carried out	... ..	34
Cracked brickwork rebuilt	... ..	7
Miscellaneous	... ..	132
Total		2,772

Housing Acts.

Number of New Houses erected during 1950 :—

(1) Permanent new houses erected by the Council ...	225
(2) War-damaged houses re-built by Ministry of Works Mobile Labour Force	8
(3) War-damaged houses re-built by private enterprise ...	15
(4) New houses erected by private enterprise ...	21

269

Houses demolished	10
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Net increase in number of houses	259
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Notwithstanding the continued excellent progress in the provision of new houses, the demand to be re-housed appears to be as keen as ever. The new houses with their modern kitchen appliances have helped to increase the dissatisfaction of the tenants of old houses in the City. That fact coupled with the increase in wages of the manual workers has quite naturally created a demand for something better in the way of a house. The old house at 6, 7 and 8 shillings a week inclusive rental is not good enough, and the owner with the high cost of building labour and material is reluctant to spend money on repairs, especially when the future life of the property is uncertain. In fact, the ownership of poor class properties has become such a liability, that in contrast to the pre-war years when landlords fought to retain their houses when slum clearance was contemplated, they are now asking for their houses to be condemned.

The policy adopted, is unless the house is so bad that its existence cannot be tolerated any longer, to ask for the bare minimum of repairs, because it is realised that as soon as a separate house has been provided for each family, slum clearance and re-housing should proceed with all possible speed.

There is no evidence of widespread overcrowding according to the Housing Act standard.

Eight derelict and ruinous houses, a legacy of previous action under the Housing Act, were pulled down during the year, and two others the subject of demolition orders made in 1950 were also demolished. Efforts will be made to clear away the remaining houses of this type, because apart from their unsightliness, they are detrimental to health in that they are dumps for rubbish and likely to attract vermin.

1. Inspection of Dwelling-houses during the year :

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	258
(b) Number of Inspections made for the purpose	2,147

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	18
(b) Number of Inspections made for the purpose	18
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	9
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	249

2. Remedy of Defects during year Without Service of Formal Notices :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officer	237
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3. Action Under Statutory Powers during the year :

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	5
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By Owners	4
(b) By Local Authority in default of Owners	1

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	31
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	28
(b) By Local Authority in default of Owners	—

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	8

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	3
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A Notice was served under Section 138 of the Public Health Act, 1936, as amended by the Water Act, 1946, requiring the provision of a wholesome supply of water. This Notice was complied with.

Water Supply.

The Canterbury Gas and Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except five houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of Chlorine is given more to keep the apparatus in first class working condition for an emergency than because the supply normally requires it.

Eleven samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli presumptive were absent in 100ccs.

There is no plumbo solvent action and the water is free from contamination.

It is pleasing to be able to record that unlike many districts in the country, there was no restriction of water supply and the water maintained its excellent bacteriological quality throughout the year.

Of the 5 houses without a piped supply from the town's mains :

- 1 house uses roof water and carried water from a nearby public supply.
- 4 houses have well water and samples have shown the water to be free from faecal contamination.

The City Analyst reporting on 7 samples of water sent to him for chemical analysis, states that the supply is as usual very pure organically. The following is a typical copy of the Analyst's report :—

Appearance	Clear
Smell	Normal
Chlorine in Chlorides	1.54
Nitrogen in Nitrates	0.38
Ammonia	0.0008
Albuminoid Ammonia	0.0017
Oxygen absorbed in 15 minutes	Trace only
Oxygen absorbed in 4 hours	0.018
Hardness before boiling (total)	11.5
Hardness after boiling (Permanent)	3.0
Total Solid Matter	17.64
Microscopical Examination of Deposit	

Slight chalk only

(The numerical results are expressed in grains per gallon).

Remarks.—The above results are satisfactory throughout and indicate water organically pure and free from sewage percolation.

Inspection of Food.

Home killed meat is brought from an abattoir in Woolwich to a depôt in the City for distribution in Canterbury and the adjoining areas, hitherto served by the Canterbury slaughter houses up to their closure in September, 1947.

The Council are still in negotiation with the Ministry of Food for the erection of a modern abattoir in the City and it is regretted that nothing tangible has yet resulted, as there can be no doubt of Canterbury's value as a distributing centre and its ideal situation in the centre of the agricultural area of East Kent.

The transport of meat showed some improvement in 1950. The vans now have removeable slatted boards on the floors and three are fitted with hanging rails so that all quarters of beef, except the very large, may be suspended clear of the floor. The work and difficulties involved in suspending heavy quarters of meat from hooks inside the van is fully understood and it is felt that a different type of van is required if the dangers to the personnel and contamination of meat by dumping carcasses on or near the tailboard, are to be avoided.

351 visits were paid to meat shops and food preparing premises and in addition to minor improvements in a number of premises at the instigation of the inspectors, one sausage manufacturing establishment was modernized and re-equipped. One retail meat shop is in need of renovation and at the end of the year the owner was being pressed to proceed with this work.

17,416 lbs. of food comprising :

Meat	...	...	...	...	...	4,631 lbs.
------	-----	-----	-----	-----	-----	------------

Fish	...	...	...	...	...	777 lbs.
------	-----	-----	-----	-----	-----	----------

Other foodstuffs (mainly tinned food)						12,008 lbs.
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were found to be unfit for human consumption.

Knackers Yards.

There is one Knackers Yard carrying on business in a small way, and inspections have shown the premises to be kept in a satisfactory condition and the business conducted in a clean manner.

Food Hygiene.

This subject achieved more prominence in 1950 than ever before and the pioneer work of the more enlightened sanitary inspectors in the field of food hygiene is now being recognised. During the last 20 years there has been a great improvement in the standard of the catering and food preparing establishments, but the sanitary inspector having insatiable appetite and keenness for this branch of his work, it is extremely doubtful whether he will ever be in the happy position of being satisfied with all the catering establishments in his area.

The public is quite rightly being educated to be more discriminating in the quality of the food supply and this is reflected in the increase of complaints, etc. sent to the public health staff.

Every opportunity has been taken to promote discussions on clean food, etc., in local organisations, whilst interest centres on the smallness of certain items, the high cost of others and the lack of variety ; points from the audiences which frequently crop up relate to shop assistants and proprietors smoking whilst handling food ; better protection to meat on butchers slabs and counters; dogs and cats in food shops and the emptying of dustbins in the front of shop premises during shopping hours. Fortunately many shop-keepers are amenable to persuasion and are anxious to do the right thing. If, however, basic standards acceptable to the Ministry of Food, local authority associations and the traders organisations could be prepared, they would help tremendously in achieving a uniform standard. As regards food handlers smoking on duty, it is submitted that apart from the danger of tobacco, etc., gaining access to food, the cigarette may be a vehicle of infection from mouth to finger. It should be decided whether the practice is in any way dangerous, and if so, it should be made the subject of a definite regulation and not left to the persuasive action of the inspector as at present.

During discussions it has been emphasised repeatedly that the consuming public have a very strong weapon, and if they choose to use it and leave the shop which does not observe hygienic principles, they will help themselves and the public health staff in their endeavours to obtain a cleaner food supply.

When visiting food preparing premises the Inspectors besides paying attention to structural defects, seek for the evidence of rats, mice and insect pests and offer help in clearing premises of these objectionable guests. The methods of washing up are commented upon and the idea of clean handling of food is cultivated in the management and staff whenever possible. As in previous years emphasis is laid on the provision and the use of washing facilities after leaving the toilet and each trader is being urged to provide a wash-hand basin with hot and cold water and towels, preferably individual towels. The persuasive powers of the Inspectors will eventually accomplish this, but to deal with the " hard core " in a reasonable period, I am convinced that it is essential to have a system of compulsory registration of food premises.

Foreign Substances in Food.

Reference has been made in another place to the increased awareness of the public concerning food supply and the greater use made of the Sanitary Inspector in this matter. Many if not all Health Departments have received complaints of foreign substances in food and practically in every case the contamination is due to an accident which has escaped the vigilance of the

manufacturer. The investigation into a complaint of three small pieces of glass found by a person in his mouth when eating a slice of bread had an unusual ending and is perhaps worth reporting. The small bakery concerned was examined but no evidence of broken glass could be found. On examining the glass again it became apparent that the pieces could be fitted together into a thin flake and that the pieces bore concentric lines which matched. The complainant's house was then visited and a glass butter dish was eventually found which had a chipped portion corresponding exactly to the three pieces when fitted together.

Diseases of Animal Acts.

An unusual discovery during the year was a case of anthrax in the carcase of a beast in the local Knaacker's yard. The carcase, etc. was burnt and appropriate disinfection carried out by the department's staff.

Public Houses.

In the early part of the year these premises were inspected to ascertain whether any conditions exist which are inimical to public health. Special attention was paid to two aspects, namely :—

- (a) The methods of washing glasses, and
- (b) The type of adequacy of the sanitary arrangements for persons resorting to the premises.

It soon became apparent that there existed two quite definite schools of thought among the licensees regarding the use of proprietary substances in the washing-up water. Considerable progress has been made during recently years in the manufacture of various substances which may be classed as sterilising agents and or detergents, and the licensees who use one of the several makes on the market, apparently take pride in the appearance of the glasses. It must be admitted from visual inspection that the glasses appeared to be satisfactory. Also, in the main, these licensees had better arrangements, in that they were provided with sinks with drainage and running water and, in some cases, hot water. An attempt has been made to summarise the glass washing arrangements and the sanitary accommodation :—

- 23 have sinks with drainage and running water.
- 18 have sinks without drainage but have running water.
- 19 have sinks without drainage and no running water.
- 21 have a bowl or bucket with no drainage or running water.
- 3 have sinks with drainage and hot and cold water laid on to sink.

Sanitary accommodation—

- 43 have a urinal and W.C. for males and separate accommodation for females.
- 12 have a urinal (but no W.C.) for males, and separate accommodation for females.
- 19 have W.C. and urinal accommodation for males.
Female customers are said to have use of the tenant's accommodation.
- 5 have no accommodation for males, but females are said to have the use of the tenant's W.C.
- 6 houses have no separate accommodation for customers.
The latter share the tenant's accommodation.
- 52 urinals are without proper flushing arrangements.
- 38 houses have no artificial lighting to the sanitary accommodation or the lighting provided is seriously inadequate.

In accordance with the Council's instructions the owners were asked to provide a sink with drainage and hot and cold water in the bars and to provide separate W.C. accommodation for male and female customers. At the end of the year plans for alterations were going ahead in a number of cases.

Bakehouses.

The number of bakehouses in the City at the end of the year was 29. Ten notices for repairs and four for cleansing of walls were served. One old bakehouse was closed and the business transferred to new premises. Several of the older bakehouses require modernising, particularly those which are fired with solid fuel at the front of the oven, as this method of firing creates dirty conditions. Some of these bakehouses have given rise to occasional complaints of smoke nuisance.

Fish Frying Premises.

There are seven fish friers and the inspections made during the year have shown the businesses to be satisfactorily conducted. Two shops were completely modernised and minor defects discovered in other premises were readily attended to. The previous complaints of smoke nuisance have now been eliminated as six shops now have gas fired frying ranges and the remaining shop has a modern type coke fired range.

Restaurants.

156 visits were paid to restaurant kitchens and in practically every case the standard of cleanliness was of a good order. Extensive improvements were carried out in one kitchen and improvement in eighteen others were carried out at the instigation of the inspectors. Several other occupiers have mentioned that they intend to modernise their premises as soon as possible and in one case, in which plans were being prepared at

the end of the year, steps are being taken to make the kitchen a model of its kind provided with the very latest type of equipment.

Every opportunity has been taken to stress the importance of the clean handling of food by persons engaged in its preparation or distribution and special attention is being given to the provision of wash-hand basins with fitted hot and cold water for the use of the staffs.

The desirability of compulsory registration of food premises has been commented upon in another section, and it is reiterated that this is considered to be essential if all food premises are to be of first class order within a reasonable period.

Food and Drugs Sampling.

As in previous years Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst. The close proximity of his Laboratory to the Department definitely enables personal contact to be made within a few minutes, and cuts out the delay which would follow between sampling and the receipt of the samples by the Analyst if the Laboratory was some miles distant from the City.

The following 145 articles of food were submitted for chemical analysis :—

Article	No. of samples		Number genuine	Samples adversely reported upon
	Formal	Informal		
*Milk	38	2	39	590
*Channel Island Milk ...	2	—	2	
Tinned Milk	—	5	2	573, 574, 575
*Milk lolly	1	—	1	
*Dairy cream	1	—	1	
*Synthetic cream	1	—	1	
*" Cream " doughnuts ...	—	6	6	
*Butter	5	2	7	
*Processed cheese	—	1	—	630
*Ice cream	—	18	18	
Whisky	4	—	4	
*Sweets	—	7	7	
Pepper	4	—	4	
Pepper compound	1	—	1	
*Beef sausage	13	—	13	
*Pork sausage	7	—	7	
*Mineral water	—	3	3	
*Orange squash	—	2	2	
*Cake	—	2	2	
*Dessert gelatine	—	2	1	554
*Potato powder	—	1	—	611
*Ice lolly	1	—	1	

and one each of the following which were all genuine :—
*vita crunch, *mayonnaise, bread, “ delicaf,” *marzipan, *tomato juice cocktail, Christmas pudding, *onion powder, *glace cherries, *tinned soup, *pork luncheon meat, *chicory and coffee essence, *cokernut cake spread, *table jelly, lemon ipecac and squill compound and “ composition ” essence.

Remarks.

Sample No. 590—

Milk 14.6% deficient in fat. Vendor fined £5 and £2 12 6 costs.

Samples Nod. 573, 574 and 575—

The same brand of machine skimmed milk from different retailers. Acidity 0.45% and tin content rather more than 1 grain per lb. Not suitable for long storage. Consignments returned to wholesalers with the recommendation that the milk be used quickly and preferably for manufacturing purposes.

Sample No. 630—

Swedish processed cheese labelled 45% fat. Analysis revealed fat content to be 18.65% and the fat content of the dry solids to be 48.3%. As the simple statement “ 45% fat ” is misleading the details were forwarded to the Ministry of Food for what action thought necessary.

Sample No. 554—

Dessert gelatine. This material was essentially a table jelly so designed to evade the effective Order. The total solids were 66.7%, whereas the Order prescribes 72%. As no legal action could be taken the facts were reported to the Ministry of Food to see whether anything could be done to prevent this evasion of the Table Jelly Order.

Sample No. 611—

Potato powder with a very poor flavour due to deterioration from long storage. Stock destroyed.

Ice Lolly—

In view of the popularity of ice lollies, it is perhaps not out of place to give the Analyst's comment on a sample purchased from a street hawker selling lollies made in another district. The sample was obtained when investigating a complaint that lollies from a particular vendor stained children's faces and furthermore had a peculiar flavour. The Analyst stated

" This material consisted of water with a trace of colour and flavouring. The total solids amounted to less than 2%. The sample was free from preservatives, prohibited colour and metallic impurity. The flavour of this material was very poor indeed and such material cannot be properly flavoured without the presence of an adequate amount of sugar. The sample must be passed as genuine, but is probably a most expensive form of water."

The City Council after considering the report wrote to the vendor concerned.

The lollies referred to, at 3d. per portion, appear to find a ready sale and one wonders whether this is entirely due to the continued rationing of sweets, or partly due to the readiness of parents to hand over money to their children for " peace and quietness."

The average composition of 38 samples of milk (excepting Channel Island milk) was 3.73 per cent. fat and 8.62 per cent. solids-not-fat which is above the prescribed standard of 3 per cent. and 8.5%.

Public Health (Preservative in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations and all were satisfactory.

Milk.

As in previous years the Ministry of Health asked the Department to obtain samples of milk from its farm in the City and it is very pleasing to be able to record that once again the 14 samples obtained satisfied the keeping quality test.

17 samples of ordinary milk from roundsmen in the streets were tested for keeping quality and all were satisfactory.

13 samples of tuberculin tested milk were obtained on delivery by roundsmen and three failed to satisfy the test for keeping quality in the warm weather. This uncertainty of tuberculin tested milk which is produced at some distance from the City, brought in by lorry, bottled and delivered the following day, may mean the distributors will have to resort to pasteurisation if complaints are to be avoided.

There are 12 milk retailers in the City but in some cases the supply is obtained exclusively from one or other of the larger dairies in the town.

Thirty-three samples of milk (19 ordinary, 10 tuberculin tested, two pasteurised and two Channel Island milk) were obtained for biological tests, and the County Uathologist reported all the samples to be free from *Brucella abortus* and all except one to be free from tubercle bacilli. The defective sample came

from a producer-retailer bringing ordinary milk into the City for distribution. A cow suffering from a tuberculous udder was removed from the herd and slaughtered, and until the results of follow-up samples became available six weeks later, the milk from the other cows in the herd was pasteurised before delivery.

Three firms (two with "holder" type plants and one with H.T.S.T. plant) are licensed by the City Council to pasteurise milk and during the year 146 samples of pasteurised milk was sent to the City Analyst with the following result :—

	Phosphatase test	Methylene blue test
No. of satisfactory samples ...	86	56
No. of unsatisfactory samples ...	3	1

(The phosphatase test is to determine effective pasteurisation and the methylene blue test is to check keeping quality).

It is appropriate to mention that all the 42 samples obtained from one firm were satisfactory.

Two firms, one exclusively, use the more hygienic aluminium foil caps to seal milk bottles.

The efforts made during recent years to abolish the hand can method of delivering milk has been satisfactorily completed and milk to every house in the City is now delivered in bottles filled and sealed in the dairy. Perhaps the few households who put out unrinsed bottles at irregular intervals could be prevailed upon to make the exacting life of the present-day dairyman a little easier by rinsing the bottles in cold water and to put them out for collection each day?

During 1950 a dairy on a new site was built to replace old premises and considerable improvements were made at two others.

Milk in Schools Scheme.

All the milk sent to schools has been pasteurised and of the 27 samples obtained, 26 satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above :—

To pasteurise milk	3
To bottle tuberculin tested milk ...	3
To deal in pasteurised milk	3
To deal in tuberculin tested milk ...	3
Supplementary licence to retail Tuberculin Tested (Certified) Milk	1

Ice Cream.

There are seven premises registered for the manufacture and sale of ice cream and 73 for the sale of ice cream. Of the 73, 60

sell nothing but the pre-packed variety. Only six of the manufacturers have carried on business during the year and 73 samples were submitted to the methylene blue test in 1950. This test has not yet been found to be reliable enough to justify its adoption as a legal test. It is perhaps rather exacting, but as in previous years I am still of the opinion that over a period it confirms one's assessment of cleanliness by inspection. Because of the small number of samples tested it is not safe to generalise, but there are indications that there is a worsening of the grades when hot weather occurs. To offset this it may perhaps be possible to modify the test eventually, so that the manufacturer who is most anxious to maintain a high standard article feels that such a standard is attainable at all times providing every care is taken.

The 73 samples were classified as follows :—

				For comparison		
				1949	1948	1947
Grade 1—36 samples	...	...		29	24	5
Grade 2—17 samples	...	...		23	12	12
Grade 3—17 samples	...	...		19	7	10
Grade 4— 3 samples	...	...		11	12	9

It will be noted that the results of the sampling in 1950 show an improvement over previous years and it is pleasing to be able to record again that the following analysis shows the Canterbury made product to be superior in cleanliness to that made elsewhere, and brought into the City for sale :—

			Made in Canterbury.	Made elsewhere.
Grade 1	...	...	24	12
Grade 2	...	...	13	4
Grade 3	...	...	6	11
Grade 4	...	...	2	1

Eighteen samples were also sent for chemical analysis and the fat content ranged between 2.9% and 11.4% and the solids-not-fat between 19.1% and 27.3%, the average being 6.8% and 24.0%. Both figures are a little higher than in previous years.

The local manufacturers have vehicles which are enclosed on three sides and on top for the service of ice cream from bulk and this must prevent much of the contamination which occurred to the ice cream retailed from the old-fashioned vehicles. It is felt that the real solution to the problem however is for only pre-packed ice cream to be sold in public thoroughfares, and it is gratifying to be able to record that the City Council in making contracts for the sale of ice cream on the car parks and public gardens in the town, insist on the pre-packed article.

Factories Act, 1937.

1.—INSPECTIONS.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	46	29	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	116	101	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises	—	—	—	—
TOTAL	162	130	7	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	15	15	—	—	—
Overcrowding	1	1	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	1	1	—	—	—
Ineffective drainage of floors	2	2	—	—	—
Sanitary Conveniences :					
(a) Insufficient	2	2	—	1	—
(b) Unsuitable or defective	7	7	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	4	4	—	—	—
TOTAL	32	32	—	2	—

The Sanitary Inspector is also responsible for Section 34 of the Factories Act which deals with certificates issued by the Council concerning means of escape in case of fire. During 1950 alterations to the means of escape were carried out in two factories and the occupiers were subsequently issued with certificates stating the factories have adequate means of escape in case of fire. Up to date 23 certificates have been issued.

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the infestation Branch of the Ministry of Agriculture.

It is most important that tenants should call attention to the presence of vermin as soon as they are noticed, so that measures can be taken before the vermin have an opportunity to get established.

Complaints were received from 292 persons, 258 were in respect of infestation in private houses and 34 were from occupiers of business premises. The investigation of these complaints revealed 107 adjoining premises to be infested.

Maintenance treatment of the sewers were carried out in March and September. Emphasis was made on areas previously infested and 208 manholes in other parts of the City were baited. Altogether only 26 manholes appeared to be infested mainly in a small degree.

The operators who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out :—

Visits to houses	1,611
Visits to other premises	312
Estimated number of rats killed	1,252

No. of premises cleared :—

Rats.

Houses	236
Business premises	39

Mice.

Houses	85
Business premises	13

In addition to dealing with complaints of vermin a systematic survey to detect vermin is still proceeding when time allows.

The rat population is still being kept at a low level, but there is no room for complacency and nothing short of more frequent visits to the places likely to attract rats and the continued co-operation of the occupiers both as regards reporting the presence of rats and providing as little harbourage as possible, will reduce the rat population still lower.

Fertilisers and Feeding Stuffs Act, 1926.

The following formal samples were purchased for analysis by Mr. E. S. Hawkins, the Public Analyst and Official Agricultural Chemist who reported all the samples, except 1 poultry balancer meal, to be satisfactory :—

- 4 samples proprietary brands liquid manure.
- 1 sample general fertiliser.
- 1 sample soluble blood manure.
- 3 samples poultry balancer meal.

In the case of the unsatisfactory samples the vendor did not supply a statutory declaration at time of sale and the City Council issued a warning.

In addition to the above, three samples of shoddy were obtained at the request of purchasers. The appropriate fees were collected and copies of analysis supplied.

Dustbins.

After the vexed controversy over who is responsible for providing dustbins and the successful appeal cases of the owners, it is very pleasing to be able to report on the comparatively smooth commencement of the Council's scheme to supply dustbins under Section 75 (3) of the Public Health Act, 1936. An annual charge of 5/- is made for each bin supplied and the bins made to the British Standard Specification are mainly of 2 cu. ft. capacity with a small number of 1 cu. ft. bins for elderly persons who experience difficulty in carrying the large size bin to the footpath to await collection.

892 bins were supplied under the scheme during the year, but the improvement in the town's appearance does not stop at that figure because a very noticeable number of new bins appeared at houses as soon as the Council began supplying bins in default.

Providing there is no deterioration in the supply of bins owing to the re-armament programme, the time is not far distant when every house and shop will have proper dustbin accommodation, which will result in the City presenting a hygienic and tidy appearance when the bins are put out for collection.

Verminous Houses.

Number found to be verminous and disinfected by the Public Health Department staff :—

Council houses	...	...	...	12
Other houses	...	...	...	17

Various proprietary preparations, mainly D.D.T. and Gam-mexane, are used and the results have shown these preparations to be effective in controlling the insect pests found in properties.

The scheme put into operation in 1948 to prevent the spread of vermin in Council properties was continued and :—

- (a) The furniture and effects of every prospective tenant is inspected before the keys for the house are handed out, and
- (b) before occupation commences every Council house, old or new, is treated with a proprietary preparation in order to kill any vermin missed in the survey.

341 houses of prospective tenants have been inspected. Six verminous houses were discovered and in these cases the contents of the houses were fumigated by the Department before tenants were allowed to move into the new houses.

Precautionary spraying was done in 321 cases.

I should like to acknowledge the assistance of colleagues in other districts who have very kindly assisted by carrying out inspections before tenants moved into Canterbury.

It is also pleasing to record that the inspection and steps being taken to prevent the spread of vermin is appreciated, especially by tenants who take a pride in keeping their houses clean.

Smoke Abatement.

Mention has been made in another part of the report to the nature of the industries in the City, and smoke troubles have occurred in only two cases. In one case the business has outgrown the factory, with the result that the low chimney has caused trouble, not so much by the volume of smoke but owing to the chimney being of insufficient height to carry smoke away from nearby houses. The management of this factory are waiting for delivery of an oil fired boiler which it is hoped will minimize the trouble.

The other works has been the subject of a number of complaints during the last two winters and notwithstanding considerable correspondence between the Council and the British Electricity Authority, a pall of smoke can be seen on most days during the winter months.

It is believed that the trouble arises when some of the old boilers are brought into use quickly to make electricity at times of great demand. While the efforts of the Electricity Authority to meet this demand are much appreciated, it is a pity that such an achievement results in this great volume of smoke which disfigures the countryside and is also a possible cause of respiratory complaints.

SCHOOL MEDICAL OFFICER'S REPORT FOR 1950.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service during 1950.

The importance to the child population and to the future generations of adults of this unspectacular and even monotonous routine of periodic medical supervision cannot be over-estimated. Nothing in the National Health Services takes its place, and there is a growing understanding, but still need for more, amongst parents and family doctors that there is no conflict between this service and the family doctor service, but rather that it enhances the latter by searching out the imperfections in health and putting them right, before they lead to more serious things. Any difficulties that occur between the school health services and the family doctor services are matters of medical relations.

Some 25% of all pupils were medically examined during the year and three out of every four had some defect, which required treatment or a period of observation. Nevertheless over 90% of the children could be graded average or above average in their general condition and state of nutrition.

The report of the Child Guidance Clinic is included in this report.

Your obedient servant,

MALCOLM S. HARVEY.

School Medical Officer.

School Health Service.

General Information.

Number of School Departments :

Primary	...	...	...	...	...	...	11
Secondary	...	...	...	...	...	...	5

Number of Scholars on Roll at end of 1950 :

Primary	...	...	...	...	...	...	2,948
Secondary	...	...	...	...	...	...	1,723

Total Scholars	...	...	...	4,671
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Medical Inspection.

General Condition.

1,202 pupils went through Routine Medical Inspections or 25.65% of all pupils. Of the children examined 28.45% were Category A, 62.06% Category B and 9.48% were Category C. Details are shown on page 42 in Table S.1.

Cleanliness.

The School Nurses made 9,645 examinations throughout the year. 82 children were found to show evidence of infestation

of the head. 190 warning notices were sent to parents with advice on how to cleanse. No children were cleansed under the Education Authority arrangements under Section 54 of the Education Act, 1914 and no legal proceedings were found necessary.

Defects of the Skin.

Two cases of Scabies were identified at Routine Medical Inspection. Table S.2 on page 43 gives information on the number of skin conditions recognised.

Defects of Vision.

The following defects of vision were identified at Routine or Special Inspections:—

Found at Routine Medical Inspections—

Number of children tests	1,110
Number found to be suffering from Visual Defect ...	107
Number found to be suffering from Squint	16
Number found to be suffering from Other Defects ...	17

Found at Special Inspection—

Number of children found with Visual Defects	83
Number of children found with Squint	14
Number of children found with Other Defects	10

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.)—

Total cases of Visual Defect treated or under observation	220
Spectacles prescribed or already wearing glasses	166
Operations for Squint	10
Children attending Orthoptic Clinic	14

Of the 220 children required to wear spectacles 61 were ordered new glasses during 1950, either for the first time or as renewals.

A special Ophthalmic Clinic is run by the Education Authority in accommodation provided by the Hospital Management Committee. Please refer also to Table S.4 on page 44.

Defects of Nose and Throat.

In the Medical Inspections, 376 defects of this type were identified. 231 were kept under observation and 56 were referred to the Ear, Nose and Throat Specialist at the Kent and Canterbury Hospital. During the year 23 children were operated on, 15 had other forms of treatment, 4 cases are on the waiting list for operation and in 13 cases no treatment was considered necessary. One case refused treatment. Table S.5 on page 44.

Defects of Hearing and Ear Disease.

The following cases were found at Routine Medical Inspection or through the Minor Ailment Clinics. 27 cases of hearing defect, 26 cases of Otitis Media and 45 other defects in this group.

Tuberculosis.

At the end of the year arrangements were en train to carry out a second Mass Radiography survey of the school leavers.

Minor Ailments.

There were 3,076 attendances at the Minor Ailments Clinic, excluding the 268 attendances for Diphtheria Immunisation or re-inforcement. This is a fall of 16% on the 1949 figure.

Immunisation of School Children Against Diphtheria.

These figures are also included in Table VI on page 14.

Number of sessions held ...	...	...	9
Number of attendances ...	...	...	268
Primary Immunisation :			
School Children ...	...	...	23
Pre-School Children ...	...	...	—
Re-inforcing injections given ...	...	...	213

Handicapped Pupils.

The following table shows the number of children on the Handicapped Pupils Register :

	On Register		Newly Ascer- tained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	1	1	—	1	—	—
Deaf	3	2	1	2	—	1
Delicate	—	—	—	—	—	—
Epileptic	1	—	—	1	—	—
Physically Handicapped ..	8	3	3	3	—	2
Maladjusted	7	—	1	4	2	1
Educationally Sub-normal	17	14	10	13	2	5

Four children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable. Two children were referred under Section 57 (5) as backward who would probably require further action by the Health Committee.

Speech Therapy.

There were eight children on the waiting list for Speech Therapy.

Educational Difficulties and Maladjustment.

The Medical Director of the Child Guidance Clinic reports on page 46. This includes an appendix on work carried out in schools by the Educational Psychologist.

Dental Defects and their Treatment.

The School Dental Officer reports below.

69.34% of the children inspected required Dental treatment and 47.35% were treated at the School Dental Clinic. This shows a slight increase on the percentage requiring treatment and a slight increase in the percentage seeking such treatment at the Dental Clinic.

Table of Dental Inspection and Treatment.

(1) Number of children inspected by Dentist:—

(a) Routine Age Group—Age 2	...	...	...	2
3	...	...	...	13
4	...	...	...	38
5	...	...	...	308
6	...	...	...	357
7	...	...	...	334
8	...	...	...	331
9	...	...	...	284
10	...	...	...	291
11	...	...	...	186
12	...	...	...	251
13	...	...	...	361
14	...	...	...	335
15	...	...	...	145
16	...	...	...	27
17	...	...	...	12

(b) Specials	...	...	...	...	...	3,275
						320

Total Routine and Specials	...	...	...	3,595
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(2) Number requiring treatment	...	...	...	2,494
(3) Number actually treated	...	...	...	1,181
(4) Attendances made by children	...	...	...	3,050
(5) Half-days devoted to: Inspection	...	...	...	18
Treatment	...	...	...	347
Total	...	...	...	365
(6) Fillings: Permanent Teeth	...	...	...	1,531
Temporary Teeth	...	...	...	5
Total	...	...	...	1,536
(7) Extractions: Permanent Teeth	...	...	...	97
Temporary Teeth	...	...	...	1,626
Total	...	...	...	1,723
(8) Administration of:				
General Anæsthetics for extractions	...	...	...	502
Local Anæsthetics for extractions	...	...	...	523
Total	...	...	...	1,025

Orthodontic Treatment.

Thirteen children were provided with Orthodontic plates and one child was provided with a partial denture.

Employment of Children and Young Persons.

61 children (compared with 44 in 1949) were examined for part time employment.

Provision of Milk and Meals.

At the end of 1950 there were 3,555 children having milk in school. During the year 3,008 scholars received canteen dinners and 407 received the dinners free of charge.

Where there is a health reason for it, children receive Halibut Liver Oil with their School milk, and in certain cases may have a supplement of Vitamin C tablets for a time also.

The Senior Sanitary Inspector takes check samples of school milk to ensure that a clean and safe milk supply goes to the school children.

Tabular Data concerning Medical Inspection and Treatment.

General Details.

No. of inspections in the Prescribed Groups :				School Rolls (End of Winter Term 1950).			
Entrants ...	...	...	435	Primary ...	...	2,948	
Second Age Group	...	...	412	Secondary	...	1,723	
Leavers ...	...	...	332				
Total ... 1,179				Total ... 4,671			
Other Routine Inspections 23							
Grand Total ... 1,202							
Others (Special and Re-inspections) :—960.							

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants - -	435	120	27.58	281	64.59	34	7.81
Intermediates	412	110	26.69	256	62.13	46	11.16
Leavers - -	332	106	31.92	198	59.63	28	8.43
Others - - -	23	6	26.08	11	47.82	6	26.08
Total - - -	1,202	342	28.45	746	62.06	114	9.48

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1950.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	50	16	9	12
5	Eyes (a) Vision .. .	34	75	14	69
	(b) Squint .. .	2	14	3	11
	(c) Other .. .	14	3	5	5
6	Ears (a) Hearing .. .	2	14	5	6
	(b) Otitis Media .. .	7	2	—	2
	(c) Other .. .	13	6	1	4
7	Nose and Throat .. .	22	124	39	107
8	Speech .. .	—	5	4	15
9	Cervical Glands .. .	6	75	9	52
10	Heart and Circulation .. .	2	42	7	30
11	Lungs .. .	20	51	12	27
12	Developmental—				
	(a) Hernia .. .	2	—	1	—
	(b) Other .. .	1	3	—	1
13	Orthopædic—				
	(a) Posture .. .	7	22	8	10
	(b) Flat foot .. .	3	24	1	13
	(c) Other .. .	13	35	18	31
14	Nervous System—				
	(a) Epilepsy .. .	—	2	—	11
	(b) Other .. .	17	11	1	4
15	Psychological—				
	(a) Development .. .	2	2	1	1
	(b) Stability .. .	5	2	—	2
16	Other .. .	57	32	32	21
Total Number of Children Inspected .. .		1,202			
Number of Children represented in figures above .. .		839		604	

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6.)

						No. of Defects Treated or under treatment during the year.
Skin—						
Ringworm—Scalp—						
(1) X-ray treatment ...	...	...	...	...	...	—
(2) Other treatment ...	...	...	...	...	...	—
Ringworm—Body ...	...	...	...	...	...	—
Scabies ...	...	...	...	...	...	6
Impetigo ...	...	...	...	...	...	1
Other skin diseases ...	...	...	...	...	...	40
Eye Disease ...	...	...	...	...	...	48
(External and other, but excluding errors refractions, squint and cases admitted to hospital).						
Ear Defects ...	...	...	...	...	...	30
(Treatment for serious disease of the ear is not recorded here).						
Miscellaneous ...	...	...	...	...	...	894
Total ...					...	1,019
(b) Total number of attendances at Authority's minor ailments clinics ...						
					...	3,076

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments)

Errors of Refraction and Squint dealt with ...	...	...	...	220
Other defects or Diseases of the Eye ...	...	...	...	27
No. of children for whom Spectacles were prescribed ...	...	...	...	61

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defects which received operative treatment (through Edu- cation Committee arrangement) ...	...	...	...	20
Defects which received other forms of treatment ...	...	...	...	14
Total No. treated ...				34

TABLE S.6.
SCHOOL NURSES' MINOR AILMENTS AND
CLEANLINESS INSPECTIONS.

(1) Average Number of visits per school made during 1950 by School Nurses	...	...	...	...	...	8
(2) Total No. of Examinations of children in schools by School Nurses	...	...	...	...	...	9,645
(3) No. of Individual Children found unclean	...	...	...	...	...	82
(4) No. of Individual Children cleansed under Section 54 Education Act, 1944	...	...	...	...	...	—
(5) No. of cases in which legal proceedings were taken	...	...	...	...	...	—

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT.

General Comment.

1950 showed a continued increase in the demand for the Clinic services. Referrals increased from 289 (49) to 344 (50) and the proportion of cases referred under the National Health Service also showed a rise. The number of new cases *seen* dropped slightly during the year, 265 (49), 237 (50). This was mainly due to Dr. Crawford's departure in April, 1950, at the end of his Fellowship year, thereby reducing the amount of psychiatric time available. To maintain a good level of treatment and supervision for the children already seen, the psychiatrist's time for diagnosis could not be increased, and this caused a piling up of the waiting list, which by December, 1950, totalled just over 100.

Staff Changes.

Miss S. Ini, A.P.S.W., joined the staff on January 9th, 1950, as a successor to Miss Daunt, and we have been very glad to welcome her. The need for another P.S.W. became more and more apparent during 1950, and before the end of the year we learned that the salary for a third P.S.W. had been sanctioned in the 1951-52 estimates. (Later. This appointment has now been made and Mr. A. C. Adams will start work in October, 1951.)

Change of Premises.

Towards the end of the year it became clear that the beautiful premises, Tower House, which has been the Clinic H.Q. since it first opened in 1943, would be required by the Mayor for Civic purposes in 1951. It was always recognised that the loan of Tower House for a Child Guidance Clinic was only temporary, and the staff and all those who came there have appreciated its many advantages and the lovely grounds in which it stood. The question of what our new home would be like was uncertain, and a cause of anxiety, until we learned that Alderman Hooker with rare generosity had presented his own home at 51 London Road as a gift to the City. The house is to be called "The May Hooker Memorial" in memory of Mrs. Hooker, and is to be used as a Child Guidance Clinic. This paragraph is written shortly after the move, and we are able to report that our new home is a spacious and satisfactory base for our work. We here wish to record our sincere gratitude to Alderman Hooker for his gift to the City which we are privileged to use on behalf of the children of Canterbury and East Kent.

Liaison between the Child Guidance Service and Other Workers.

During 1950 a Social Workers Group was formed in Canterbury. This was an outward expression of the growing realisation

among those concerned with children's services and social services in general, that much can be gained in efficiency and understanding through closer personal relations and exchange of ideas and experience—in other words, that we are "members one of another." The P.S.W's at the Clinic were glad to be associated with this Group, which is now well established and active.

During the summer of 1950 an "Open Day" was held at the Clinic, primarily for Health Visitors and School Nurses in East Kent. This was well attended, and proved quite successful as an opportunity to discuss common problems and exchange ideas about our work.

In addition to these semi-official meetings, the Clinic staff welcome, as far as time and opportunity permit, informal contacts with other workers. Already Probation Officers, Doctors, Teachers and others, who have come to know the staff through children already referred will get in touch with us to discuss a case of theirs, without necessarily referring it to the clinic. We hope that this informal "counselling" will become a recognised feature of the work of the clinic, which though not appearing in the annual figures, is a very real part of our work, especially on the preventive side.

On our side informal discussions of this kind have proved most helpful to us when we have asked for information or suggestions from other people about some of our cases.

Need for a Hostel.

This hardy perennial must be mentioned again, as the lack of a Hostel for maladjusted children in association with the Clinic, is a real handicap in maintaining a full service. During the past year a great deal of time and energy has been fruitlessly spent by all members of the staff, in trying to deal with children who need long or short periods away from home and whose problems cause much difficulty and have a high "nuisance" value.

The Hostel would always be full, for if at any time there were not sufficient children in this area, other parts of Kent, or other Local Authorities are always seeking Hostel placements for maladjusted children, especially when a Hostel is run in association with a Child Guidance Clinic.

Quite a few Local Authorities have already met their statutory obligations under the New Education Act, by providing a Hostel or Hostels for maladjusted children under their care.

Education Psychologist's Work in the Schools.

It is clear from the following report by Miss E. Horne that one of the difficulties met with by teachers is the number of children who find it extremely difficult to make a start with reading in the ordinary classes. This is a problem also met with in the

Clinic, as many children showing behaviour or emotional difficulties also have some reading handicap. Quite a proportion of these are of low or rather low intelligence. Miss Horne reports that many of the teachers are aware of the need for a residential day school for E.S.N. children in this area, and our experience with some of our cases here amply confirms this. We realise that this is primarily an education matter concerned with school planning, but it is a problem which does overlap to some extent into the field of Child Guidance.

The staff wish to express their appreciation of the support and co-operation shown by our Committee and by the officers of the Health and Education Departments during the year.

ELIZABETH WHATLEY,
Psychiatrist.

TABLE C.G.1.
SOURCE OF REFERRAL.

	1949			1950		
	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area	County
School Medical Officer	21	—	94	14	—	122
Private Doctors	2	11	27	3	12	36
Court or Probation Officer	4	—	13	2	—	21
Head Teachers or Education Officers	1	1	26	7	3	29
Parent or Foster Parent	3	1	8	2	4	9
Other Clinics or Psychiatrists	2	6	43	2	5	40
Miscellaneous Social Agencies, Infant Wel- fare, etc.	—	1	10	4	2	16
Education Psychologist	14	—	1	11	—	—
	47	20	222	45	26	273
	289			344		

TABLE C.G.2.
PROBLEMS REFERRED.

	1949			1950		
	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area	County
Nervous Disorders, etc.	4	3	19	12	3	32
Habit Disorders	19	7	68	6	5	78
Behaviour Disorders	17	8	109	24	8	128
Educational	4	2	16	1	9	21
Court Cases	3	—	10	—	1	13
Miscellaneous	—	—	—	2	—	1
	47	20	222	45	26	273
	289			344		

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

	1949			1950		
	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area	County
Diagnosis and Advice	16	5	41	9	7	50
Diagnosis and Placement	1	—	24	1	3	10
Taken on for Treatment	13	6	67	7	3	36
Taken on for Supervision	15	4	34	14	10	69
Remedial Coaching	2	—	6	1	—	2
Partial Diagnosis	2	—	29	2	—	5
Partial Service	—	—	—	—	—	8
	49	15	201	34	23	180
	265			237		

TABLE C.G.4.

CASES CLOSED.

	1949			1950		
	City	N.H.S. and Out of Area	County	City	N.H.S. and Out of Area	County
I NON-TREATMENT						
Diagnosis and Advice	28	—	73	7	7	52
Diagnosis and Placement	—	—	22	1	—	7
Withdrawn	11	—	41	12	3	29
Moved Away	—	—	3	—	—	6
Partial Service	—	—	6	2	—	7
Placed	1	—	16	—	1	5
Total I	40	—	161	22	11	106
II TREATMENT						
Adjusted	10	—	16	6	3	24
Improved	14	—	49	10	5	60
No Change	3	—	11	1	—	10
Un-co-operative	7	—	19	—	1	16
Total II	34	—	95	17	9	110
Total I and II	74	—	256	39	20	216
TOTAL FOR YEAR	330			275		

WAITING LISTS—December 31st, 1950

	City	N.H.S. and Out of Area	County
Diagnostic	8	7	93
Treatment	5	4	28

IN SCHOOLS, 1950. (EDUCATIONAL PSYCHOLOGIST).

During the current year, 188 children between 5 and 15 years of age were interviewed in the schools, and given individual intelligence tests, verbal and performance, with scholastic tests in the basic subjects to determine their educational attainments relative to their ability.

These results were discussed with Head teachers and class teachers in relation to either problems of general progress, or lack of it, in one or more subjects, and the need for some form of specialised help or remedial teaching where this could be made available ; or, in the light of general behaviour problems and temporary difficult phases in development, manifest in the school.

Twelve children were referred for further investigation and possible treatment to the Child Guidance Clinic for reactive behaviour and personality disorders other than those directly concerned with education management. Among these were cases of anxiety and insecurity manifest in aggression and spitefulness, bed-wetting, truancy and refusal to stay in school, wandering and frustration owing to lack of suitable outlet in the highly intelligent child, or aggressive and anti-social behaviour.

Tabulated results of the Intelligence Tests (Revised Stanford Binet : L Form) given to the 188 cases are given below in Table P.I.

TABLE P.I. 188 Cases.

I.Q.	Below 70	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140-149	over 150
No. of Cases	2 (+10 retests in this group = 12)	24	30	43	36	25	13	1	3	1

Regrouped according to the usual education categories the 188 cases fall as follows:—

TABLE P.II.

I.Q.'s	Below 70	70-85	86-115	116-130	131-140	141-150	Over 150
Classification	Needing Special School Education "Feeble-minded"	"Dull" and requiring special educational treatment in the ordinary school	"Average" children suitably placed in the modern primary and secondary schools	"Bright"	"Very Bright"	"Brilliant"	"Very Gifted"
No. of cases	2 + (10 old cases)	45	107	19	2	2	1

It is thus evident that the majority of these children showing minor difficulties and disorders were of average and dull intelligence, although problems arose in all categories.

Full intelligence and educational attainments tests were given individually to a class of 43 junior boys aged 7 and 8 years, in order to determine their reading and comprehension levels and scatters, and to assist the class teacher in grouping them and dealing with individual retardation in number and reading.

Results of the Intelligence Tests were as follows :—

TABLE P.III. 43 Cases.

I.Q's	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140-149	Over 150
No. of Cases	1	5	13	8	9	4	1	1	1

Thus 6 were of dull,
 27 were of average
 7 were of bright
 2 were of very bright
 and 1 was of brilliant intelligence.

The reading ages of these 43 boys showed a very wide range of from nil to 12 years plus, to be catered for in one class.

TABLE P.IV.

R.A.	Nil	1-4.9 yrs.	5-5.9 yrs.	6-6.9 yrs.	7-7.9 yrs.	8-8.9 yrs.	9-9.9 yrs.	10-10.9 years	11-11.9 years	12 + yrs.
No. of Cases	4	4	6	5	9	5	4	4	1	1

A further group of 31 junior boys aged 9 and 10 years, with a high incidence of retardation in reading skills, was investigated similarly and with the following results :—

TABLE P.V.

I.Q's	Below 70	70-79	80-89	90-99	100-109	110-119	120-129
No. of Cases	1	9	7	5	7	1	1

TABLE P.VI. SCALE OF READING ABILITIES OF THIS GROUP.

R A.	Nil	4-4.9 yrs.	5-5.9 yrs.	6-6.9 yrs.	7-7.9 yrs.	8-8.9 yrs.	9-9.9 yrs.	10-10.9 years	11+ years
No. of Cases	4	8	4	6	3	1	2	—	—

From these results a fuller and detailed diagnosis of the specific reading disabilities of these boys was prepared, in readiness for the appointment, in January, 1951, of a full-time Remedial Teacher who would give specialised teaching to both individuals and small groups of boys, to be withdrawn from their ordinary classes for this purpose for some period of each day.

The Remedial Teaching scheme in a girls' school which was started last year has proved highly successful, and now covers specialised help in both reading and number for upwards of 100 girls of between 8 and 15 years.

The class teachers concerned have co-operated in this scheme and have expressed their appreciation of results, not only in increased ability in the essential skills of reading and number, but, of at least equal importance, in increased confidence and a more stable personality and behaviour pattern in practically all cases.

COMMITTEE MEMBERSHIP.

Mayor :

COUNCILLOR S. H. JENNINGS.

Health Committee :

Chairman: Councillor W. H. CHESSELL.

City Council Members: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, Councillor H. De LAUBENQUE, Councillor H. M. KENNY, Councillor MRS. M. A. RICKARDS.

Co-opted or Representative Members: MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; DR. F. C. COZENS, Kent and Canterbury Executive Council; MR. E. J. MOUNT, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee :

Chairman: Alderman A. W. FOWLER.

City Council Members: Councillor C. H. De LAUBENQUE, Councillor H. M. KENNY.

Co-opted or Representative Members: DR. F. L. CASSIDI, MRS. M. A. SHARPE.

Care Committee :

Chairman: Councillor C. H. De LAUBENQUE.

Representative of Health Committee: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, and MISS M. SHEEHAN.

Representatives of Voluntary Organisations: MISS M. CLEMENTS, Canterbury Alford Aid Society; MISS E. F. ALLARDYCE, St. John Ambulance Association; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. S. PECK, British Red Cross Society; MRS. H. A. ALLEN, Women's Voluntary Service.

Sanitary and Licensing Committee :

Chairman: Alderman A. BAYNTON, O.B.E.

City Council Members: Alderman H. P. DAWTON, Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, Alderman H. G. JAMES, Alderman H. RIGDEN, Councillor W. S. BEAN, Councillor P. BOTTING, Councillor C. C. ELAM, Councillor T. R. REID, Councillor J. G. B. STONE, Councillor P. L. WOOD.

Education Committee :

Chairman: Alderman F. HOOKER.

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Co-opted or Representative Members: REV. A. M. RITCHIE, REV. S. G. APPLETON and MRS. D. REYNOLDS.

Other Staff of Health and School Health Services :

Deputy Medical Officer of Health and Assistant School Medical Officer (Part-time): HILDA M. GARLICK, M.B., B.S., D.P.H.

Dental Surgeon: PAULINE FIGDOR, L.R.C.P., L.D.A.

Chest Physician and Adviser on After-Care of Tuberculosis: J. A. ROBSON, M.D., B.Chir., D.P.H.

Approved Officer under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945 :

E. WHATLEY, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P. (Maladjustment).

Health Visitors :

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS G. M. OTTOWAY, S.R.N., S.C.M.

Tuberculosis Health Visitor : (Part-time, Kent County Council Officer) :

MISS E. JOBSON, S.R.N., S.C.M., H.V.Cert.

School Nurses :

MISS A. E. GLASSBOROW, S.R.N., S.C.M.

MISS P. TROY, S.R.N., S.C.M.

Midwives :

M. J. CAPP, S.R.N., S.C.M.

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

E. L. TEMPLETON, S.C.M.

District Nurses : (Canterbury District Nursing Association) :

I. PHIPPS, S.R.N.

R. B. NICHOLS, S.R.N., S.C.M.

M. WOOD, S.R.N., R.M.N., R.M.P.A.

Occupation Centre :

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health) :

F. FOWLER.

D. PLEDGE.

Mental Health Social Worker (Part-time) : Kent County Council Officer.

Supervisor of Home Help Service (Part-time) : MRS. J. M. BARTON.

Child Guidance Clinic :

Educational Psychologist : MISS E. HORNE, Dip. Psych., L.L.A.

Psychiatric Social Workers :

MR. C. WOLLEN, M.H.Cert.

MISS S. INI, M.H.Cert.

Psycho-Therapist :

MISS S. HARNETT, Dip. Psych., Ass. of Brit. Psych. Soc.

Psychiatric Fellow : DR. J. A. CRAWFORD, M.B., B.Ch., D.P.M.

Staff of Public Health Service :

Additional Sanitary Inspectors :

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

Rodent Officers, Disinfectors and General Assistants :

A. TOMKINS and H. S. COWELL.

Administrative and Clerical Staff to above Services :

Administrative Assistant and Secretary to Care Committee :

D. PLEDGE.

Clerical Officer : MISS E. W. EDGINGTON.

Clerical Staff :

MRS. P. DUNLOP, MISS M. CRUMP, MISS P. L. ADDINGTON.

MISS M. HUGHES (Public Health).

MISS P. BENNETT (School Health).

MISS J. MARSHALL (School Health, Dental Clinic).

MISS M. HOPKINS and MISS R. DAY (Child Guidance Clinic).

Public Analyst :

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